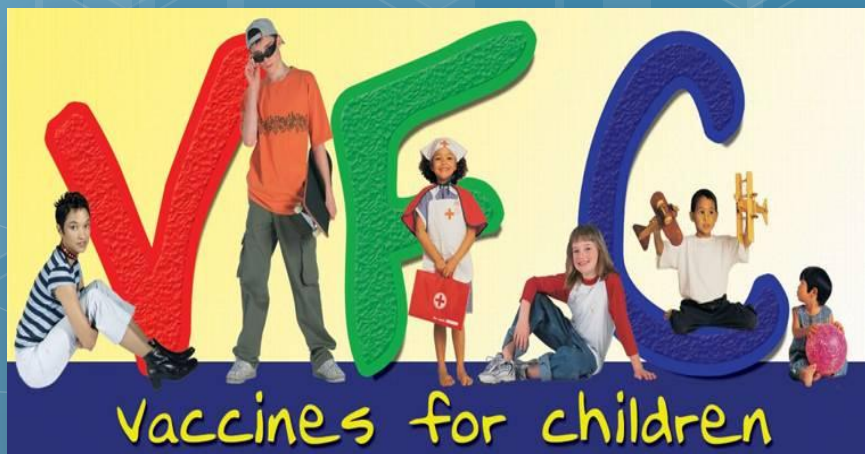


# Inventory Management



*Healthy People. Healthy Communities.*

Department of Public Health & Human Services

Audio: 1-877-668-4490  
Access Code: 574 930 242

## Presented By:

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## House Keeping

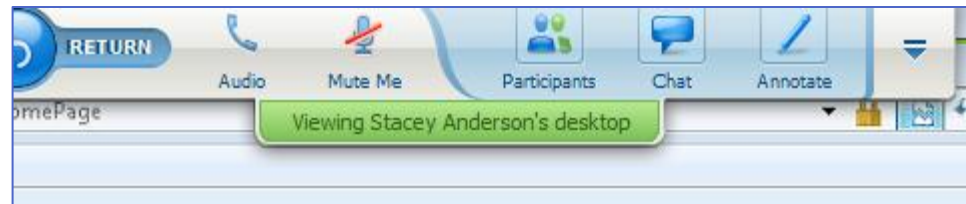
We are muting all participants upon entering the presentation

If you would like to ask a question, please unmute your phone

We do have the chat option that will allow you to type a question in that can be sent to just the host or the entire group if necessary

This presentation will be posted to [www.immunization.mt.gov](http://www.immunization.mt.gov) under the VFC Training and Resource Page

Let's get started!!



## Objectives:

- Inventory Management

(Good inventory management leads to less vaccine expiring!!)



## Topics:

- imMTrax inventory
  - Alert settings
  - Reconciliation
  - Transaction Report
  - Ordering Vaccine
  - Receiving Vaccine
  - Transferring Vaccine to another clinic
- Billing Extract Report
- Short dated vaccines



## Inventory Expiration Alerts in imMTrax

Steps: Mange Inventory – Update Alert Prefs



### Inventory Expiration Alerts

*The current system expiration default is 60 days.*

Notify me when a lot will expire within  days.

### Update Low-Level Alert Defaults

Selection grouping ☐ Vaccine Group ☒ Trade Name

*The current system low level default is 10 doses.*

The custom organization low level default is  doses.

### Update Low-Level Alerts by Vaccine Group

*(Click link to display all trade names for vaccine group.)*

	Combined	Public	Private
<a href="#">DTP/aP</a>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<a href="#">Encephalitis</a>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<a href="#">Hep A</a>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<a href="#">HepA-HepB Adult</a>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Demo!!**

## Highlighted Vaccines??

Pink highlighted vaccines means that it is expiring within your alert settings

Q. Am I going to use that vaccine before it expires?

A. No- Follow the transferring slide

A. Yes- That is Great, keep and use it on eligible patients!!

Vaccine	Trade Name	Packaging	Manufacturer	Lot Number	Inv On Hand	Active	Public	Exp Date
Tdap > 7 years	<a href="#">Adacel</a>	10 pack - 1 dose syringe	Sanofi-Pasteur	U4335AA	10	Y	Y	09/01/2014
Tdap > 7 years	<a href="#">Adacel</a>	10 pack - 1 dose syringe	Sanofi-Pasteur	C4196AA	9	Y	N	12/07/2014
HepB-Peds	<a href="#">Engerix-B Peds</a>	10 pack - 1 dose T-L syringes. No Needle	GlaxoSmithKline	AHBVC077FA	13	Y	Y	04/20/2014
Influenza, seasonal, inj, pfree	<a href="#">Fluzone 0.25ml</a>	10 pack - 1 dose syringe	Sanofi-Pasteur	U4694CA	9	Y	Y	06/30/2014
Influenza, seasonal, inj, pfree	<a href="#">Fluzone &gt;3 SDV</a>	10 pack - 1 dose vials	Sanofi-Pasteur	U4709AA	5	Y	Y	06/30/2014
Influenza, seasonal, inj	<a href="#">Fluzone MDV</a>	10 dose vial	Sanofi-Pasteur	UH899AB	10	Y	N	06/30/2014
Influenza, seasonal, inj	<a href="#">Fluzone MDV</a>	10 dose vial	Sanofi-Pasteur	UH899AB	9	Y	Y	06/30/2014
HPV Quadrivalent	<a href="#">Gardasil</a>	10 pack - 1 dose vials	Merck Sharp and Dohme	0022AE	7	Y	Y	09/28/2014
HPV Quadrivalent	<a href="#">Gardasil</a>	10 pack - 1 dose vials	Merck Sharp and Dohme	0629AE	3	Y	Y	12/16/2014
HPV Quadrivalent	<a href="#">Gardasil</a>	10 pack - 1 dose vials	Merck Sharp and Dohme	J008423	10	Y	Y	01/21/2016
HepA-Adult	<a href="#">Havrix-Adult</a>	10 pack - 1 dose T-L syringes. No Needle	GlaxoSmithKline	AHAVB672AA	10	Y	Y	04/11/2015
DTaP	<a href="#">Infanrix</a>	10 pack - 1 dose syringe	GlaxoSmithKline	AC14B157CA	8	Y	Y	09/13/2014
MMR	<a href="#">MMR II</a>	10 pack - 1 dose vials	Merck Sharp and Dohme	H010132	9	Y	Y	05/17/2014
MMR	<a href="#">MMR II</a>	10 pack - 1 dose vials	Merck Sharp and Dohme	J003785	10	Y	Y	03/28/2015
DTaP/Polio/Hep B	<a href="#">Pediarix</a>	10 pack - 1 dose syringe	GlaxoSmithKline	AC21B357BB	9	Y	Y	05/17/2014
Pneumococcal 23	<a href="#">Pneumovax 23</a>	1 pack - single dose vial	Merck Sharp and Dohme	J005071	10	Y	Y	01/19/2015
HepB-Adult	<a href="#">Recombivax-Adult</a>	1 pack - single dose vial	Merck Sharp and Dohme	H013877	10	Y	Y	09/07/2014
Td	<a href="#">Td</a>	1 pack - single dose vial	Merck Sharp and Dohme	C4114AA	31	Y	N	09/06/2014
HepA-HepB	<a href="#">Twinrix</a>	10 pack - 1 dose T-L syringes. No Needle	GlaxoSmithKline	AHABB260AB	10	Y	Y	11/14/2014

## Managing Inventory in imMTrax

Q. What is wrong with this inventory below?

MMR-V	<a href="#">ProQuad</a>	10 pack - 1 dose vials	Merck Sharp and Dohme	H021359	8	Y	Y	05/29/2014
MMR-V	<a href="#">ProQuad</a>	10 pack - 1 dose vials	Merck Sharp and Dohme	J000195	11	Y	N	07/08/2014
MMR-V	<a href="#">ProQuad</a>	10 pack - 1 dose vials	Merck Sharp and Dohme	J005180	63	Y	Y	11/03/2014
MMR-V	<a href="#">ProQuad</a>	10 pack - 1 dose vials	Merck Sharp and Dohme	J011331	20	Y	N	03/13/2015
RV5 - 3 Dose	<a href="#">RotaTeg</a>	10 pack - 1 dose 2mL tubes	Merck Sharp and Dohme	J004944	2	Y	Y	11/12/2014
RV5 - 3 Dose	<a href="#">RotaTeg</a>	10 pack - 1 dose 2mL tubes	Merck Sharp and Dohme	J008364	16	Y	Y	02/27/2015

A. You should only open one box or vial at a time and not have multiple boxes open so that vaccine expires. (That is if you only have one storage unit)

Example: ProQuad- 8 doses and 63 doses  
RotaTeg- 2 doses and 16 doses

MMR-V	<a href="#">ProQuad</a>	10 pack - 1 dose vials	Merck Sharp and Dohme	J005180	71	Y	Y	11/03/2014
RV5 - 3 Dose	<a href="#">RotaTeg</a>	25 pack - 1 dose 2mL tube	Merck Sharp and Dohme	J008364	18	Y	Y	02/27/2015

## imMTrax Reconciliation Reminders

Q. Is my inventory on hand column match what I have in my storage units?

A. Yes- AWESOME! Time to reconcile for this month ☺

A. No- Dang, have some things to look at ☹

One Example:

- Fractional dose quantity in the IOH column not sure why?

**Edit Vaccine Inventory Information**

Site: DEFAULT ORGANIZATION

Trade Name / NDC: ActHib / 49281-0545-05 (inactive)

Manufacturer: MMT (inactive)

Vaccine: Hib-PRP-T

Packaging: 5 pack - 1 dose vials

Lot Number\*: JATEST

Funding Source: Public

Dose\*: .50 cc

JAVT1

965.1

Y

Y

01/01/2015

\*\*Make sure the dose size is set correctly.

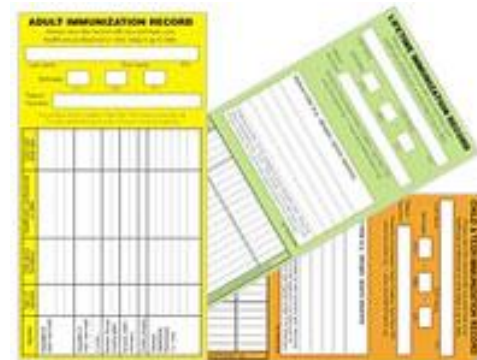


## imMTrax Reconciliation Reminders Cont.

A. No- Dang, still have some things to look at ☹

Examples:



- Did someone borrow vaccine and not record on the borrowing report form?
- If integrated are all patients entered into imMTrax?
  - **Important-** All shots must be data entered into the patients record prior to reconciliation to deduct from inventory properly.






## Show Transactions Report


Show Transactions for Sites.... Show Transactions


Vaccine Transactions for: Central Montana Medical Center


Date Entered [From]:   To:   View Cancel

Date shot was given [From]:   To:  

User Name: All User Names 

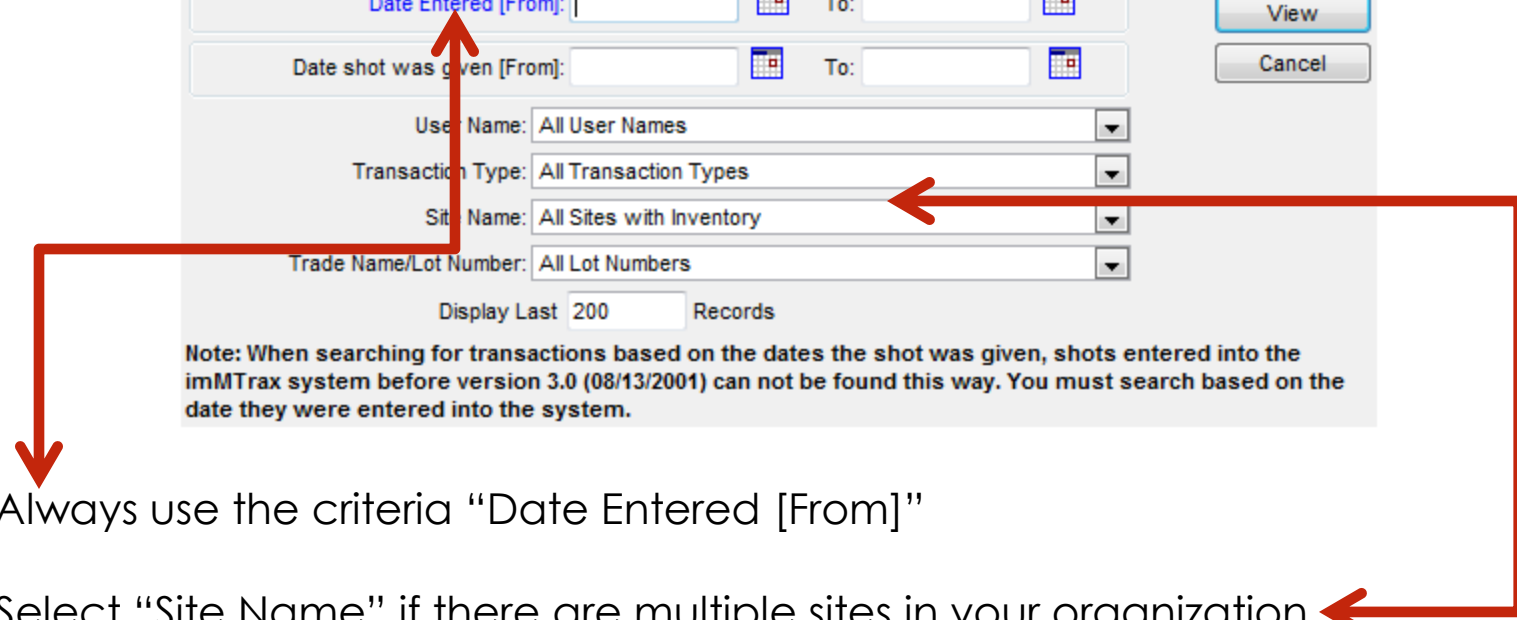
Transaction Type: All Transaction Types 

Site Name: All Sites with Inventory 

Trade Name/Lot Number: All Lot Numbers 

Display Last 200 Records

Note: When searching for transactions based on the dates the shot was given, shots entered into the imMTrax system before version 3.0 (08/13/2001) can not be found this way. You must search based on the date they were entered into the system.



Always use the criteria "Date Entered [From]"

Select "Site Name" if there are multiple sites in your organization

Enter any other criteria you see that you would like to populate your report for.

**"The less search criteria the better"**

## Show Transactions Cont.

### Aggregate Doses Administered

Vaccine Transactions for Organization: [REDACTED]							
Site Name	Trans Date	Vaccination Date	Vaccine Name	Trade Name	Lot Number	Type	Qty
[REDACTED]	01/09/2014		DTaP	Infanrix	AC14B166BA	AGGADMIN	-2
[REDACTED]	01/09/2014		Varicella	Varivax	J003540	AGGADMIN	-13
[REDACTED]	01/09/2014		Varicella	Varivax	J004812	AGGADMIN	-8
[REDACTED]	01/09/2014		Tdap > 7 years	Boostrix	33AG5	AGGADMIN	-5
[REDACTED]	01/09/2014		RV5 - 3 Dose	RotaTeq	J001257	AGGADMIN	-31
[REDACTED]	01/09/2014		RV5 - 3 Dose	RotaTeq	J001254	AGGADMIN	-10
[REDACTED]	01/09/2014		Pneumo-Conjugate 13	Prevnar 13	G42027	AGGADMIN	-73



## Show Transactions Cont.

### Doses Received/Transferred/Wasted/Expired/Etc.

██████████	03/05/2014	DTAP-IPV	KINRIX	3ZL2Y	RECEIVED	60
██████████	03/05/2014	HepA-Ped 2 Dose	Havrix-Peds 2 Dose	7973G	RECEIVED	120
██████████	03/05/2014	HepB-Peds	Engerix-B Peds	9423K	RECEIVED	10
██████████	04/08/2014	Mening. (MCV4P)	Menactra	U4446AC	TRANSFER	-5
██████████	04/09/2014	RV5 - 3 Dose	RotaTeq	J004944	TRANSFER	-10
██████████	04/09/2014	HepB-Peds	Engerix-B Peds	AHBVC103AA	TRANSFER	-6

**EXPIRED**

**Important-** All doses that are wasted or expired in your clinic must be recorded on the wasted and expired form.

## Show Transactions Cont.

**Doses Administered by lot number with patient identifiers included**

Vaccine Transactions for Organization: <del>Richland County Health Department</del>								Record Count: 4	
Site Name	Trans Date	Vaccination Date	Vaccine Name	Trade Name	Lot Number	Type	Qty	Patient Name	DOB
	03/06/2014	03/04/2014	DTaP	Infanrix	AC14B149AA	IMMUNIZ	-5	POUP, FRENCH	06/06/2011
	03/06/2014	03/06/2014	DTaP	Infanrix	AC14B164AA	IMMUNIZE	-1	BRANCH, RILEY	05/18/2010
	03/07/2014	03/07/2014	TdaP > 7 years	Adacel	U4335AA	IMMUNIZE	-1	CLIENT, OPTOUT	01/01/2000
	03/19/2014		TdaP > 7 years	Adacel	U4335AA	TRANSFER	-10		



**Demo!!**

# Show Transactions Cont.

Client Information						VFC Eligible: Yes		
Client Name (First - MI - Last)	DOB	Gender	Mother's Maiden	Tracking Schedule	Chart #			
FRENCH ONION SOUP	06/06/2011	M	NOT APPLICABLE	ACIP				
Address		159 Kings Ave, Billings, MT 59103 (406)444-5555						

History								
<a href="#">Add Immunization</a> <a href="#">Edit Client</a> <a href="#">Reports</a> <a href="#">Print</a> <a href="#">Print Confidential</a>								
Vaccine Group	Date Administered	Series	Trade Name	Dose	Owned?	Reaction	Hist?	Edit
DTP/aP	<a href="#">02/04/2014</a>	1 of 5	Pediarix ®	Full	No		No	
	<a href="#">03/04/2014</a>	NOT VALID	Infanrix ®	Half	Yes		No	
Hep A	<a href="#">03/31/2014</a>	1 of 2	Havrix-Peds 2 Dose ®	Full	No		No	
HepB	<a href="#">06/06/2011</a>	1 of 3			No		Yes	
	<a href="#">06/14/2011</a>	NOT VALID			No		Yes	
	<a href="#">01/01/2012</a>	2 of 3			No		Yes	
	<a href="#">02/04/2014</a>	3 of 3	Pediarix ®	Full	No		No	
Hib	<a href="#">02/08/2014</a>	1 of 1			No		Yes	
	<a href="#">04/03/2014</a>	EXTRA			No		Yes	
Influenza	<a href="#">03/05/2014</a>	1 of 2			No		Yes	
MMR	<a href="#">01/07/2014</a>	1 of 2	MMR II ®	Double	No		No	
Pneumococcal	<a href="#">01/08/2014</a>	1 of 1	Prevnar 13 ®	Full	No		No	
Polio	<a href="#">02/04/2014</a>	1 of 4	Pediarix ®	Full	No		No	

Demo!!

## imMTrax Ordering

- Order online NOT on paper order forms.
- Order by the 15<sup>th</sup> of the month.
- Order by the dose, NOT by the box or package
  - Example:

Hib-PRP-T	ActHib / 49281-0545-05	5 pack - 1 dose vials	MMT	0	10		1	0	0	
MMR	MMR II / 00006-4681-00	10 pack - 1 dose vials	Merck Sharp and Dohme	0	10		10	0	0	

- Order so you have a three-month supply on hand (including current inventory).
- Don't order vaccine each month to replenish the stock you used in the last month.
- What's your three-month supply?
  - Integrated providers can run the "Vaccine Usage Report."
  - Aggregate providers can use doses administered or imMTrax transaction reports .

## Receiving Vaccine

- You will receive an e-mail from the IZ Program the morning vaccine shipments are due at your facility.
  - We are not able to send e-mails for varicella containing shipments.
- Must accept orders in imMTrax within 24 hours of receiving vaccine at your facility.
- Check the packing slip against what is in the box AND imMTrax before accepting order.
- ALWAYS.....accept all vaccine orders and transfers before reconciling your inventory!!!

Orders/Transfers				
<div>Create New Order</div> <div>Receive/Modify</div>				
Inbound Orders				
Select	Submit Date	Receiving Org:Site	Approval Date	Order Status
<input type="radio"/>	03/10/2014	Clark Fork Valley Hospital & Family Medicine Network: Clark Fork Valley Hospital - Main	03/11/2014	Shipped

Inbound Transfers			
Select	Submit Date	Sending Org:Site	Receiving Org:Site
<input type="radio"/>	03/12/2014	Clark Fork Valley Hospital & Family Medicine Network: Hot Springs Medical Clinic	Clark Fork Valley Hospital & Family Medicine Network: Clark Fork Valley Hospital - Main



## Steps to Transferring VFC Vaccine

- Contact other VFC providers in your area to see if they can use the vaccine.
- Once you have coordinated a transfer, submit a completed transfer approval form to the Immunization Program. Follow the instruction on the form, which can be found here:  
<http://www.dphhs.mt.gov/publichealth/immunization/documents/249-1transferapprovalform.pdf>
- After receiving approval from the Immunization Program, transfer the vaccine in imMTrax and transfer the vaccine physically to the receiving site  
Click on **Manage Transfers**, select the receiving site, enter the doses transferred, and click **Submit Transfer**.
- Once the receiving facility receives the vaccine physically and in imMTrax (**Manage Orders**), the process is complete!

### VFC provider list by county:

<http://www.dphhs.mt.gov/publichealth/immunization/documents/ProviderList.pdf>

# VFC Transfers Continued

## 1.



### VFC Vaccine Transfer Approval Form



1. VFC vaccine transfers between providers must be approved by the Immunization Program. Please use this form to request approval for transferring VFC vaccine.
2. Contact the receiving provider before transferring vaccine to make sure they can use it before it expires and that they are available to receive the vaccine.
3. Fill out the required information and submit this form to [hhsiz@mt.gov](mailto:hhsiz@mt.gov) or fax to 442-4848. You will receive a response within 24 hours.
4. Once approval is received, transfer the vaccine electronically in imMTrax.
5. Then pack and transport vaccine according to Section 12 of the VFC Provider Handbook.

Transferring Provider			
VFC PIN			
Contact Name and Phone Number			
Date Receiving Site Contacted			
Receiving Provider			
VFC PIN			
Contact Name and Phone Number			

Vaccine Trade Name	Lot Number	Number of Doses	Expiration Date	Reason for Transfer

Staff Initials Approving Transfer	For Office Use Only		Date Contacted	Logged on Internal transfer spreadsheet
	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied		

## 2.

Sending Site will see...

#### New Transfer

Sending Site Richland County Health Department

☐ Internal Receiving Site  
☐ Receiving Organization  or  
 Receiving Site

Note: Only those sites which have inventory set up are displayed.

#### Transfer from Inventory

Show ☒ Active and Non-Expired ☐ Inactive or Expired

Transfer Quantity	Vaccine Name	Trade Name	Packaging	Manufacturer	Lot Number	Quantity Available	Active	Public	Expiration Date
	Tdap > 7 years	Adacel	10 pack - 1 dose syringe	Sanofi-Pasteur	U4335AA	4	Y	Y	09/01/2014
	Tdap > 7 years	Adacel	10 pack - 1 dose syringe	Sanofi-Pasteur	U4668AA	10	Y	Y	01/24/2016
	Tdap > 7 years	Adacel	10 pack - 1 dose syringe	Sanofi-Pasteur	U4655AA	8	Y	Y	12/13/2015

## 3.

Receiving Site will see...

#### Inbound Transfers

Select	Submit Date	Sending Org:Site	Receiving Org:Site
<input type="radio"/>	03/12/2014	Clark Fork Valley Hospital & Family Medicine Network: Hot Springs Medical Clinic	Clark Fork Valley Hospital & Family Medicine Network: Clark Fork Valley Hospital - Main

## Extract for Billing Report

### Inventory

- manage orders
- approve orders
- manage inventory
- manage transfers
- manage cold chain
- request vaccine usage
- nip request expected usage
- request transaction summary
- data extract for billing**
- manage ndc

imMTrax ID	Client First Name	Client Middle Name	Client Last Name	Client Date of Birth	Client SSN	Responsible Person First	Responsible Person Last
------------	-------------------	--------------------	------------------	----------------------	------------	--------------------------	-------------------------

Insurance Provider	Vaccine Trade Name	Vaccine CPT Code	Vaccine Admin Code	Vaccine Admin Date	Vaccine Source	Medicare ID	VFC Eligibility Status
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**Important:** This report is only available for integrated providers using imMTrax. This report provides detailed information for patients that you have administered shots to.

**Demo!!**

## Extract for Billing Report Cont.

Q. What is wrong with this report below?

A. Public vaccine can not be administered to “Not Eligible” as a status and to “Unknown or Undetermined” because all clinics are required to check and track eligibility status correctly.

J	K	L	M	N	O	P
Vaccine Trade Name	Vaccine CPT Code	Vaccine Admin Code	Vaccine Admin Date	Vaccine Source	Medicare ID	VFC Eligibility Status
Twintrix	90636		4/26/2012	PUBLIC		Not Eligible
Boostrix	90715		11/13/2012	PUBLIC		Not Eligible
Boostrix	90715		10/22/2012	PUBLIC		Not Eligible
Boostrix	90715		6/6/2012	PUBLIC		Not Eligible
Boostrix	90715		3/29/2012	PUBLIC		Not Eligible
Boostrix	90715		11/16/2012	PUBLIC		Not Eligible
Fluzone >	90656		10/26/2012	PUBLIC		Not Eligible
Boostrix	90715		10/10/2012	PUBLIC		Not Eligible
Adacel	90715		10/4/2012	PUBLIC		Not Eligible
FluMist	90660		10/26/2012	PUBLIC		Unknown or Undetermined
FluMist	90660		10/26/2012	PUBLIC		Unknown or Undetermined
FluMist	90660		10/26/2012	PUBLIC		Unknown or Undetermined
FluMist	90660		10/26/2012	PUBLIC		Unknown or Undetermined
FluMist	90660		10/26/2012	PUBLIC		Unknown or Undetermined
FluMist	90660		10/26/2012	PUBLIC		Unknown or Undetermined
FluMist	90660		10/26/2012	PUBLIC		Unknown or Undetermined
Menactra	90734		8/24/2012	PUBLIC		Underinsured - VFC
Pentacel	90698		1/6/2012	PUBLIC		Underinsured - VFC
Prevnar 13	90670	90670	1/6/2012	PUBLIC		Underinsured - VFC
Fluvirin	90724		12/31/2012	PRIVATE		Medicaid Recipient
Fluvirin	90724		11/8/2012	PRIVATE		Medicaid Recipient
Fluvirin	90724		11/8/2012	PRIVATE		Medicaid Recipient
Fluvirin	90724		11/13/2012	PRIVATE		Medicaid Recipient

## Extract for Billing Report Cont.

Q. How to correct the eligibility status in imMTrax?

A. Follow these steps below

**Edit Immunization**

Vaccine Group: Varicella  
Vaccine Display Name: Varicella  
Trade Name: Varivax  
Vaccine Lot Number: 0307AE / public  
Dose Size: .5 ml  
Dosage From Inventory: .50 cc  
Date Provided: 07/30/2012  
Time Provided: 12 :00 :AM (OPTIONAL FIELD)  
VFC Eligibility: Unknown or Undetermined  
Other Eligibility: Medicaid Recipient  
Ordering Authority: American Indian or Alaska Native  
Administered By: Underinsured - VFC  
Body Site: Not Insured  
Administered Route: Not Eligible  
Disregard Primary Series: N  
VIS Date: 03/13/2008  
Entered by Site: Riverstone Health- Billings  
Input Source of Record: Created through User Interface  
Invalid: ☐ Invalid Reason:   
Historical Information from Source of Record: Created through User Interface  
Des-Decrement Status: n/a

Buttons: Save, Cancel, Delete

To change the VFC Eligibility status field navigate to the shot that was entered incorrectly and pull the drop box down and select the correct eligibility for that shot.

## Wasted, Expired, and Spoiled Vaccine

- **Wasted and Expired Form 205.2**. Must be filled out for ALL wasted, expired, and spoiled vaccine. Instructions are on the form.
- Only spoiled and expired vaccine should be returned to McKesson.
  - Any vaccine where the vial/syringe seals have not been opened or compromised.
  - Examples: expired doses, doses spoiled due to temperature issues.
- Wasted vaccine should be recorded on the form, but NOT returned to McKesson. Use Reason 10 and dispose of according to your policy.
  - Wasted vaccine is any dose where the vial/syringe seal has been broken or compromised.
  - Examples: Opened multi-dose vials, vaccine drawn up but not administered.
- The number of doses should be total doses not total number of boxes.

## Steps for returning Wasted and Expired Vaccine

- Fax the form to the Immunization Program.
- We will email a print screen that must be printed and included in the shipping container with the returned vaccine.
- You should receive a shipping label from McKesson within 7-10 business days.
- The vaccine listed on the print screen **MUST** match the vaccine you are sending back in the box. If it is do not, contact the Immunization Program to correct the print screen.

**If print screen does not match DON'T send the vaccine back....**

- Return the vaccine!!!

[illegible]

## VFC Monthly Hot Topics

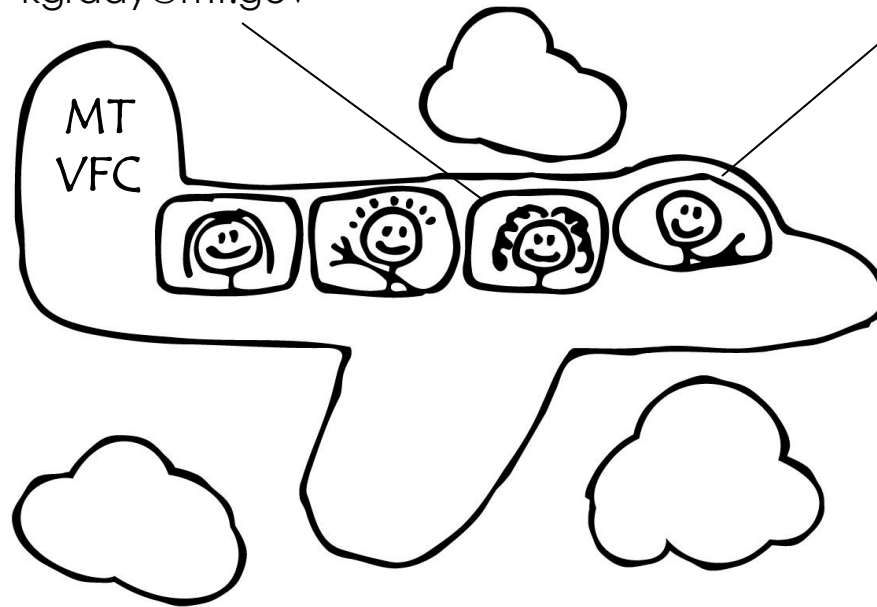
- Twice a month
- 4<sup>th</sup> Tuesday at Noon and 4<sup>th</sup> Thursday at 8 :00 a.m.
- Same presentation offered twice to accommodate schedules
- Schedule and past presentations are located:  
<http://www.dphhs.mt.gov/publichealth/immunization/vfctraining.shtml>
- If you want a topic presented, please notify Katie Grady-Selby or Lori Hutchinson and we will make that happen





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